DELAWARE HEATLH CARE COMMISSION
SEPTEMBER 7, 2006
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400 B
DOVER

MINUTES

Commission Members Present: John C. Carney, Jr., Chair; Theodore W. Becker, Jr.; Jacquelyne W. Gorum, DSW; and Dennis Rochford

Members Absent: Richard Cordrey, Secretary of Finance; Matt Denn, Insurance Commissioner; Carol Ann DeSantis, Secretary, Delaware Department of Services for Children, Youth and Their Families; Joseph A. Lieberman, III, MD, MPH; Vincent P. Meconi, Secretary, Delaware Health and Social Services; and Lois Studte, R.N.

Staff Attending: Paula Roy, Executive Director; Sarah McCloskey, Director of Planning and Policy; Marlyn Marvel, Community Relations Officer; and Linda G. Johnson, Administrative Specialist III.

CALL TO ORDER
Chairman John Carney called the meeting to order at 9:20 a.m.

MINUTES OF JUNE 1, 2006 MEETING
There was not a quorum to permit a vote therefore the meeting minutes of June 1, 2006, could not be approved.

NEW COMMISSION MEMBER
Chairman Carney introduced the new member of the Health Care Commission, Theodore W. Becker, Jr. Introductions were made around the table.

Chairman Carney provided Mr. Becker with background information on the Commission's projects.

UNINSURED ACTION PLAN
Two committees have been impaneled to address the issue of uninsured Delawareans:

1. The Universal Coverage Committee is studying the feasibility of a single payer system for Delaware and/or moving toward universal coverage. It has reviewed the elements of how a single payer financing system would be designed and financed. It has also reviewed reforms enacted in Massachusetts. One of the innovative individual mandates in the Massachusetts reform is that residents will be required to have health insurance.
2. The Small Business Committee is exploring possible improvements to the small group health insurance statute in Delaware

These projects have been operating under a federal grant that is coming to a close.

Action Items

There was not a quorum to permit a vote; therefore the meeting minutes of June 1, 2006, could not be approved.

The Community Health Care Access Program (CHAP), funded through the Master Settlement Agreement, is an ongoing project designed to provide a health home, primary and sub-specialty services, to low income uninsured Delawareans with income below 200 percent of the federal poverty level and a coordinated system to link with other public and private programs.

Universal Coverage Project

At the last Universal Coverage meeting, the committee:

- Reviewed pros and cons of universal coverage programs in other countries and a general description of what occurred in Massachusetts
- Discussed the elements of a single payer design.

The committee will review the meeting notes, the attending report and meet again to review the steps of a Massachusetts-like plan.

This will provide the framework for two approaches:

- A traditional single payer approach with the challenges and variants that accompany such an approach
- A Massachusetts-like plan

Small Business Insurance

The Small Business Committee is reviewing how rates and premiums are set under a law enacted in the 1990s. Premiums were becoming so unaffordable there was a concern that small employers would stop providing health care coverage for employees. The law was intended to make premiums more predictable and stable for small businesses but did not succeed.

The committee's final report is being completed. Recommendations agreed upon include:

- Compress rates, which are now 9 to 1 (the highest risk group can be charged 9 times more than the lowest risk group). Begin at 5 to 1 and move downward over time to about 3 to 1.
- Groups of "one" continue to participate in the small group market, with some additional charge.
- Cap on maximum year to year rate increase
- Prohibit sale of stop-loss coverage in the small group market
- Reduce rating factors to only age, group size and some health related factors

Henrietta Johnson Medical Center Marketing

The purpose of the Henrietta Johnson Medical Center marketing research project is to understand how and why people use community health care centers as health homes in order to maximize the value of the CHAP program and shore up Commission support of the safety net. Specific research focused on Henrietta Johnson Medical Center in the Southbridge section of Wilmington.

Through a contract with John Snow, Inc., three cohorts of people were interviewed: 1.) Those who currently use Henrietta Johnson; 2.) Those who previously used Henrietta Johnson, and 3.) Those who have never used Henrietta Johnson.

Data gathering is complete, and analysis is on-going at present.

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A marketing research project has been launched to understand how and why people use community health centers.

Results of the research will be provided along with a “tool kit” enabling the research to be replicated in other settings.

Coverage Expansion Cost Projection
A new project is about to be undertaken to identify cost projections for other programs to cover the uninsured which will be funded with remaining Planning Grant funds.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Health Workforce Data Committee
The Health Workforce Data Committee first met to examine what type of data is available among state agencies. The committee met with representatives of the Health Care Commission, Department of Labor, Department of Education, Department of Health and Social Services, and the Division of Professional Licensing in the Department of State, and determined there were areas where information was missing or not being updated at regular intervals.

A sub-committee was created to explore how to collect data on a routine basis so that continued analysis will provide an overview of the health workforce in Delaware. There are two ongoing initiatives. One is to examine the health professional education programs in Delaware and what types of barriers students might encounter. The second is working with the Division of Professional Regulation, exploring the possibility of including a short survey with the licensure process, allowing data to be collected on a routine basis. Health care professionals are required to renew licenses every two years.

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Area Health Education Center (AHEC)
The main focus of the AHEC is to encourage children in earlier grades to consider health care careers.

Executive Director Melissa Flynn has resigned and the AHEC is in the process of hiring a new Executive Director.

The Spring-Summer 2006 AHEC newsletter was distributed to Commissioners for review. The newsletter includes an article “Commission Initiatives Bring Health Professionals to Delaware”. The article describes some of the Commission’s ongoing initiatives to increase the supply of health care professionals in Delaware.

INFORMATION AND TECHNOLOGY

Delaware Health Information Network (DHIN)
Gina Perez presented the Commission with an update on the Requests For Proposals for implementation of the Clinical Information Sharing Utility, quality assurance and staffing.

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The Governance Committee has created draft by-laws which outline the structure of the utility corporation. The next step is to determine whether it will be a state created corporation, and if it should apply to become a non-profit 501C3. There is some indication that Internal Revenue Service (IRS) authorization for non-profit designation may be difficult to obtain because the IRS is carefully reviewing whether organizations such as the DHIN Utility Corporation will qualify for 501 (c) (3) status. The final decision will be made and recommendations to the DHIN Board are anticipated by the end of September 2006.

A draft project plan has been submitted to the Office of Management and Budget and the Controller General for review.

Two million dollars were allocated to the DHIN in the Fiscal Year 2007 Bond Bill. The funds must be matched by private funding in order to access them. Approximately one hundred and forty thousand dollars is still needed from private sources.

SPECIFIC HEALTH CARE ISSUES

Mental Health Issues Committee

Gina Perez and Tibor Toth presented the Mental Health Issues Committee draft report. Copies of the presentations are attached to these minutes.

The Mental Health Issues Committee has been studying the supply and demand for mental health services in Delaware.

Three main components of research have been completed: 1.) focus groups of mental health service providers and consumers; 2.) survey research of providers, and 3.) survey of best practices with an analysis of how Delaware compares with best practices.

One of the goals of the project is to identify shortage areas in Delaware to facilitate an application for a federal Health Professional Shortage Area (HPSA) designation to enhance recruiting efforts. An application was submitted on August 30.

A total of 1,150 mental health professionals were surveyed and about 470 responded. There are an estimated 763 mental health professionals in Delaware. Of those, 132 are psychiatrists and 631 are mental health professionals. There are an estimated 415 full time equivalent (FTE) mental health specialists and 119 FTE psychiatrists.

Nationally, fifty per cent of people with mental health problems will not seek care for mental health issues because of the associated stigma.

Many receive mental health care from primary care physicians. Two thirds of psychotropic medications are prescribed by primary care physicians for depression or anxiety disorder. Seventy per cent of children needing mental health treatments receive them from primary care physicians.

The mental health issues action plan includes a group of thirteen core competencies and fifty one strategies. An outline of recommendations was submitted to the Health Care Commission for discussion. A copy is

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The final report, “Supply and Demand for Mental Health Services in Delaware”, is anticipated by September 30.

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CHRONIC ILLNESS AND DISEASE MANAGEMENT TASK FORCE

The Chronic Illness and Disease Management Task Force is planning a summit in April 2007 to call attention to the burden of chronic disease. A large per cent of health care spending goes to people with chronic conditions. A summit sub-committee within the Commission has been formed and will meet next week to begin planning.

Stroke Initiative Task Force

The Stroke Initiative Task Force is a sub-committee of the Chronic Illness and Disease Management Task Force tasked with evaluating the state's current stroke system of care and making recommendations for improvement. With a comprehensive stroke system of care in place, Delaware will be positioned to access federal money to help implement recommendations.

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The Task Force has formed five sub-committees, each examining a different aspect across the stroke continuum:

- Primordial and primary prevention and community education
- Notification and response of emergency medical services
- Acute and sub-acute stroke treatment
- Rehabilitation
- Continuous quality improvement

There is a national template designed by the American Stroke Association. Each sub-committee has filled in the template in the five focus areas to indicate how they see Delaware performing.

There is a national template designed by the American Stroke Association. Each of the sub-committees has filled in the template in the five focus areas.

The templates will be combined into a report that will be ready by the end of December. The report will be presented to the Task Force and the Health Care Commission.

The next meeting is scheduled for September 13. The task force will need to determine who should be charged with seeing that the plan is implemented.

OTHER BUSINESS

Annual Strategic Planning Retreat

The annual strategic planning retreat is scheduled for September 26th and 27th in Rehoboth.

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Delaware Healthy Mother and Infants Consortium

Dr. Jacquelyne Gorum reported that the Delaware Healthy Mother and Infant Consortium will begin meeting again on September 12.

PUBLIC COMMENT

James Lafferty, of the Mental Health Association, thanked the Health Care Commission for its leadership in addressing the issue of access to mental health care in Delaware.

Renata Henry, of the Division of Substance Abuse and Mental Health, also expressed appreciation for the Commission addressing the issue of mental health care. World wide, the leading cause of disability is mental illness. One in five people in Delaware have mental illness in any given year.

Pat Maichle urged the Commission to implement as many recommendations as possible from the report on the supply and demand for mental health services.

The most recent benefits book distributed to state employees does not let employees know that mental health parity exists in Delaware. The literature still says employees only have a certain number of visits per year or lifetime for mental health or substance abuse issues. With mental health parity they have as many visits for mental health benefits as they would for any other illness. The Insurance Commissioner has been made aware of the problem.

David Lindemer, of the Division of Child Mental Health Services, thanked the Commission for developing the data which confirms that Sussex County needs more mental health care professionals.

Barbara Westfall, of the Division of Family Services, Sussex region, asked about the time frame for a determination on Delaware's application for a Mental Health Professional Shortage Area (HPSA) designation. Judy Chaconas responded that three months is the average time frame for receiving a HPSA determination.

Valerie Roach, of Catholic Charities, supervises mental health services for children in Kent and Sussex Counties. She expressed concern with the lack of available psychiatric services and urged the Commission to take the lead and aggressively implement the recommendations contained in the report on the supply and demand for mental health services. She noted that there is a diversity issue that needs to be addressed. Many psychiatrists are from other countries and clients are reluctant to speak with foreign doctors.

Susan Cycyk, Director of the Division of Child Mental Health Services, reported that mental health care in Sussex County is a very difficult challenge with the limited services available. Demographics show there will be a large increase in the number of teenagers in Sussex County. These are fragile years and the most challenging people to treat.

Kelly Burris, of NAMI Delaware, has a 15 year old daughter with bi-polar disorder. She began seeking care when her daughter was one year old. The pediatrician placed her daughter on strong medications without receiving blood work or being referred to a mental health professional. It took nine years for her daughter to receive the help she needed.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held at 9:00 a.m. on Thursday, October 5, 2006 at the Delaware Technical and Community College Conference Center, Terry Campus, Room 400B.

ADJOURN

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The meeting adjourned at 11:20 a.m.

GUESTS ATTENDING

Kellie Burris, NAMI, Delaware
Judy Chaconas, Division of Public Health, Bureau of Health Planning & Resources Management
Susan Cycyk, Division of Child Mental Health Services
Michael Duva, Delaware Healthcare Association
Renata Henry, Division of Substance Abuse and Mental Health
James Lafferty, Mental Health Association
David Lindemer, Division of Child Mental Health Services
David Loder, Seaford House, Children and Families First
Lolita Lopez, Westside Health Services
Pat Maichle, Developmental Disabilities Council
Carolina Mornga, Children and Families First
Linda Nemes, Department of Insurance
Sheila Nutter, Electronic Data Systems
Brian Olson, La Red Health Center
Faith Rentz, Office of Management and Budget
Valleree Roach, Catholic Charities
Diana Stubbolo, Delaware Area Health Education Center
Jose Tieso, Electronic Data Systems
Barbara Westfall, Division of Services for Children, Youth & Their Families, DFS Sussex Region
Calvin Young, UAW Community Health Care

MENTAL HEALTH DATA GATHERING PROJECT
RECOMMENDATIONS FOR DHCC

MENTAL HEALTH PROFESSIONAL CAPACITY

- Promote interest in the field of mental health & substance abuse
- Expand recruitment efforts to attract practitioners to Delaware – especially minorities
- Develop an on-line resource directory to help identify practitioners available for referral
- Conduct on-going data collection/analysis on the supply and capacity of workforce

ADEQUATE FUNDING FOR PROGRAMS & SERVICES

CRISIS & EMERGENCY SERVICES

- Explore opportunities for enhancing safety net for community mental health services
- Explore the feasibility of expanding in-patient care to Sussex and intensive out-patient services statewide

AWARENESS OF COMMUNITY RESOURCES

DUAL DIAGNOSIS / CO-OCCURRING ILLNESS

- Mental Health Issues Committee- become informed about and consider the work plan developed by the Co-occurring Initiative

HOUSING & HOMELESSNESS

- Mental Health Issues Committee- review and consider Delaware Interagency Council on Homelessness recommendations

ANTI-STIGMA

INTEGRATED PRIMARY & MENTAL HEALTH CARE

- Establish a network of training and resources for primary care practitioners
- Mental Health Issues Committee- participate in Speaker's Task Force (HR 93)

EMPLOYMENT & JOB TRAINING

- Explore opportunities for incentives to work i.e. transitional support or supplement work income to address problem that once employment is secured, patients earn too much money to be eligible for benefits, but not enough to support themselves

LAW ENFORCEMENT & CRIMINAL JUSTICE

FAMILY SUPPORT & EDUCATION

ASSESSMENT & TREATMENT FOR CHILDREN & ADOLESCENTS

- Explore feasibility of expanding adolescent in-patient beds across the State

MENTAL HEALTH PARITY / INSURANCE

- Mental Health Issues Committee- draft to expand current law to all DSM-IV diagnoses
- Promote the existing mental health parity provisions in Delaware
- Engage Insurance Commission to regulate practices for mental health and substance abuse which focus on patient care and outcomes, prevention and care coordination
- Explore opportunities for transitional coverage for young adults who age out of their parents' insurance and can no longer afford treatment/medication